

BELL ATLANTIC CORPORATION
MANAGEMENT
EXHIBIT IV
HEALTH CARE COST TREND RATE ASSUMPTIONS

<u>Year</u>	<u>Medical</u>		<u>Dental</u>
	<u>Below</u> <u>Age 65</u>	<u>Age 65</u> <u>and Above</u>	<u>All Ages</u>
1991	15.00%	13.90%	4.00%
1992	14.75%	7.45%	and thereafter
1993	13.95%	10.05%	
1994	12.85%	12.35%	
1995	12.10%	11.20%	
1996	11.10%	10.30%	
1997	9.50%	8.90%	
1998	8.00%	7.50%	
1999	7.00%	6.60%	
2000	6.25%	5.95%	
2001	5.75%	5.55%	
2002	5.25%	5.05%	
2003 & later	5.00%	4.80%	

BELL ATLANTIC CORPORATION
MANAGEMENT
EXHIBIT V
1990 AVERAGE MEDICAL CLAIM COSTS PER RETIREE*
FOR RETIREMENTS BEFORE 1992

<u>Age</u>	<u>Medical</u> <u>Pre 4/01/86 Retirees</u>		<u>Medical</u> <u>Post 3/31/86 Retirees</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
44 and lower	\$2,177	\$2,109	\$3,380	\$1,539
45-49	2,001	1,847	2,280	1,841
50-54	2,679	2,297	2,286	2,280
55-59	3,568	2,759	3,386	2,696
60-64	5,210	3,540	4,457	3,141
65-69	2,232	1,333	1,896	1,128
70-74	1,942	1,162	1,646	991
75-79	1,908	1,224	1,623	1,042
80-84	1,760	1,099	1,475	934
85-89	1,737	1,185	1,481	1,008
90-94	1,509	1,059	1,287	900
95 and Over	1,310	1,048	1,116	888

* Retiree and dependent claim costs per retiree

BELL ATLANTIC CORPORATION
MANAGEMENT
EXHIBIT VI
1990 AVERAGE MEDICAL CLAIM COSTS PER RETIREE
FOR RETIREMENTS AFTER 1991

<u>Coverage</u>	<u>Medical</u>	
	<u>For Retirements After 1991</u>	
	<u>Pre 65</u>	<u>Post 64</u>
Retiree Only	\$2,551	\$ 972
Retiree with 1 Dependent*	3,732	1,671
Retiree with 2 or More Dependents*	3,827	1,693

* Retiree and dependent claim costs per retiree

BELL ATLANTIC CORPORATION
MANAGEMENT
EXHIBIT VII
1990 AVERAGE DENTAL CLAIM COSTS PER RETIREE*

<u>Age</u>	<u>Dental</u> <u>Pre 4/01/86 Retirees</u>		<u>Dental</u> <u>Post 3/31/86 Retirees</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Under 45	\$645	\$452	\$733	\$515
45-49	546	385	624	442
50-54	489	333	556	385
55-59	426	302	489	343
60-64	416	291	473	333
65-69	406	270	463	307
70-74	374	239	426	276
75-79	343	182	390	208
80-84	302	135	343	156
85-89	239	104	270	114
90-94	140	68	161	73
Over 94	36	52	42	57

* Retiree and dependent claim cost per retiree

BELL ATLANTIC CORPORATION
MANAGEMENT
EXHIBIT VIII
1990 AVERAGE MEDICARE PART B COSTS PER RETIREE*

<u>Age</u>	<u>Part B</u> <u>For All Retirees</u>	
	<u>Males</u>	<u>Females</u>
Under 60	\$ 0	\$ 0
60-64	0	96
65-69	474	474
70-74	632	439
75-79	608	401
80-84	594	377
85-89	542	374
90-94	477	363
Over 94	377	358

* Retiree and dependent claim costs per retiree

EXHIBIT IX
Bell Atlantic Management Employees
Census by Age as of 1/1/91

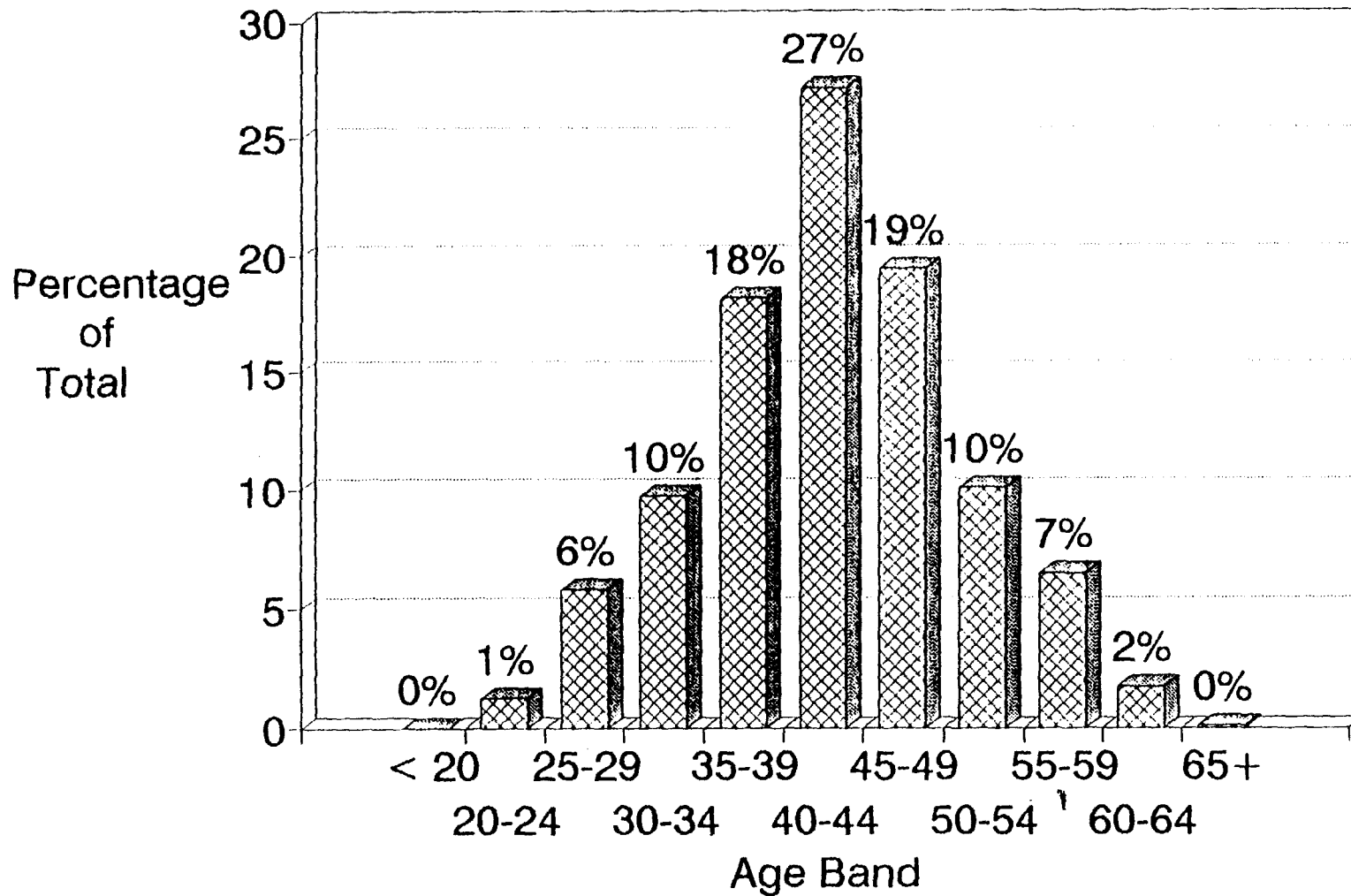
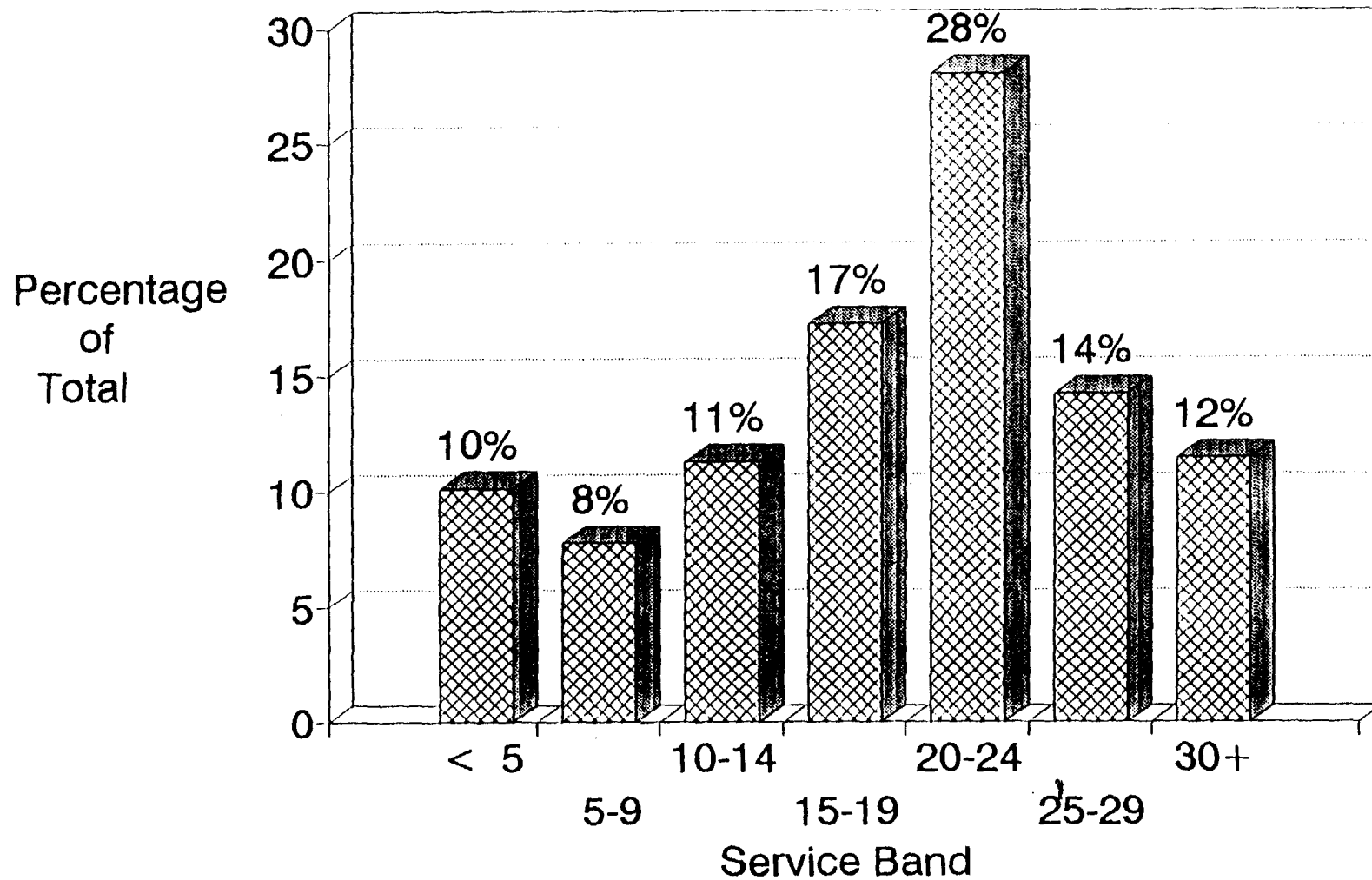


EXHIBIT IX (Continued)
Bell Atlantic Management Employees
Census by Service as of 1/1/91



BELL ATLANTIC CORPORATION
MANAGEMENT
EXHIBIT IX (Continued)
ACTIVE DATA BY AGE AND SERVICE
AS OF JANUARY 1, 1991

Age	Length of Service (Completed Years)							TOTAL
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Over	
Under 20	0	0	0	0	0	0	0	0
20-24	242	6	0	0	0	0	0	248
25-29	728	346	63	0	0	0	0	1,137
30-34	396	605	809	117	0	0	0	1,927
35-39	218	315	805	1,668	697	0	0	3,703
40-44	150	186	402	1,271	3,040	509	0	5,558
45-49	65	72	137	325	1,497	1,735	185	4,016
50-54	29	40	65	98	382	547	913	2,074
55-59	6	11	26	56	117	109	1,013	1,338
60-64	2	4	12	26	42	25	245	356
Over 64	0	2	7	2	3	0	10	24
TOTAL	1,836	1,587	2,326	3,563	5,778	2,925	2,366	20,381

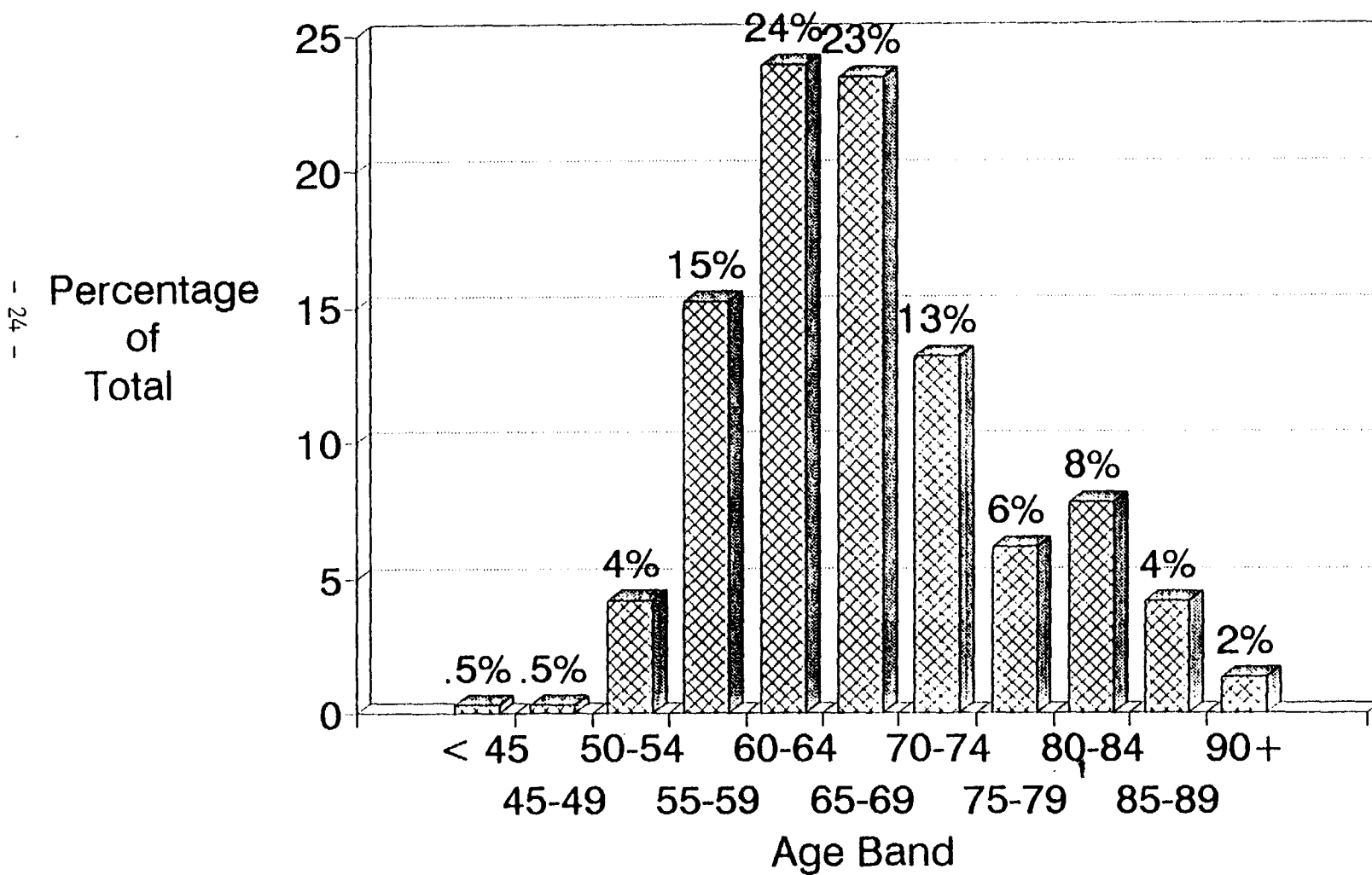
The Average Age is 43.0

The Average Length of Service is 19.6

EXHIBIT X

Bell Atlantic Management Retirees

Census by Age as of 1/1/91



BELL ATLANTIC CORPORATION
MANAGEMENT
EXHIBIT X (Continued)
RETIREE* DATA BY AGE
AS OF JANUARY 1, 1991

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 45	20	28	48
45-49	15	35	50
50-54	320	370	690
55-59	1,636	870	2,506
60-64	2,607	1,332	3,939
65-69	2,626	1,239	3,865
70-74	1,350	825	2,175
75-79	456	559	1,015
80-84	580	711	1,291
85-89	355	327	682
Over 89	94	129	223
 TOTAL	 10,059	 6,425	 16,484

The average age of the retirees is 67.1.

* Includes Service and Disability Pensioners.

Appendix A

**BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF POSTRETIREMENT
PLAN ELIGIBILITY PROVISIONS**

Retirement Eligibility

<u>Age</u>		<u>Minimum Years of Service</u>	<u>Type of Retirement</u>
65	and	10	Service Pension
60	and	15	Service Pension
55	and	20	Service Pension
50	and	25	Service Pension
Any Age	and	30	Service Pension
Any Age	and	15	Disability Pension

Long Term Disability Eligibility

Coverage is provided for employees who are disabled and entitled to Long Term Disability (LTD) benefits.

Dependent Eligibility

Under the Management Retiree Medical Plan, there are four types of dependents who qualify for coverage. Class I dependents. Grandfathered Class II dependents, sponsored parents and sponsored children.

- ▶ Class I Dependents include:
 - spouses
 - unmarried children under age 20, or under age 24 if full-time students
 - unmarried children, regardless of age, who are physically or mentally handicapped and fully dependent on the retiree for financial support.
- ▶ Grandfathered Class II Dependents are dependents who were covered as Class II dependents before 1/1/90, and who are dependent on the retiree for support and have lived with the retiree for at least six months and have total income including Social Security less than the maximum per year stated in the plan. This category includes unmarried children who are not Class I dependents, brothers and sisters, parents and grandparents and unmarried grandchildren.

Appendix A

BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF POSTRETIREMENT
PLAN ELIGIBILITY PROVISIONS (Continued)

- ▶ A Sponsored Parent is a parent of a retiree (or his/her spouse) and meets the Grandfathered Class II Dependent criteria except that such parent was not covered as a Class II dependent before 1990. The retiree must pay the full cost of this coverage.
- ▶ A Sponsored Child is an unmarried child who is not eligible for coverage as a Class I or Grandfathered Class II dependent. Sponsored children can receive coverage if under age 24 regardless of income or residence. The retiree must pay the full cost of this coverage.

The Management Retiree Dental Plan covers only Class I Dependents and Sponsored Children.

Appendix B

BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS

I. For Management Retirees who retired before 4/1/86

Type of ExpenseThe Plan PaysHOSPITAL CAREInpatient Services:

Semiprivate room, board, and services including critical care, intensive care and cardiac care units, and necessary supplies, tests and other care

100% for up to 120 days for each separate stay for most confinements with Pre-Admission Review (30 days for mental & nervous confinements).

If Pre-Admission Review is not used:

0% if hospitalization was not medically necessary.

100% minus 1% of annual pension (maximum reduction of \$250) if hospitalization was medically necessary.

Private room

100% if medically necessary. If not, only the charge for a semi-private room is covered. If there are only private rooms and confinement is not medically necessary, then coverage is at 90% of the private room rates.

Outpatient Services:Emergency Care

100% of the reasonable and customary charge if treatment is given:

- within 72 hours after an accident or the onset of a sudden and serious illness.

Appendix B

BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS (Continued)

<u>Type of Expense</u>	<u>The Plan Pays</u>
Ambulatory Surgical Facility	100% of the facility charge.
Pre-Admission Testing	100% of the reasonable and customary charge for diagnostic laboratory services and x-ray examinations performed prior to surgery under an approved program.
<u>SURGICAL CARE</u>	
Surgery	100% of the reasonable and customary charge for selected procedures when the Second Surgical Opinion or Outpatient Surgery Program is used.
	95% of the reasonable and customary charge for other surgeries. The other 5% of reasonable and customary charge will be covered under Other Covered Charges.
<u>MEDICAL CARE</u>	
Diagnostic X - Rays and Lab Tests (outside the hospital)	100% of the reasonable and customary charge - subject to certain limitations.
Radiation Therapy	
Chemotherapy	
Electroshock Therapy	
Dialysis Treatment	
Administration of Anesthesia.	90% of the reasonable and customary charge - subject to certain limitations. The other 10%, up to 100% of the reasonable and customary charge, will be covered under "Other Covered Charges."
In-Hospital Doctor's Visits. In-Hospital Consultations	

Appendix B

BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS (Continued)

<u>Type of Expense</u>	<u>The Plan Pays</u>
<u>ALCOHOL TREATMENT PROGRAM FOR REHABILITATION</u>	100% of charges for inpatient care if received in an approved program - up to 60 days for lifetime. Benefits apply only to the retiree and Class I Dependents.
<u>OTHER COVERED CHARGES</u> in excess of the annual deductible (The deductible per person equals 1% of the annual pension benefit but not more than \$150 nor less than \$25 per person per calendar year.)	80% of the reasonable and customary charges for most other covered expenses until "Other Covered Charges" total \$5,000, then... 100% of any remaining covered expenses for the remainder of that calendar year. For non-hospital psychiatric care, the Plan pays 50% of the reasonable and customary charges.
<u>MAXIMUM BENEFITS UNDER "OTHER COVERED CHARGES"</u>	\$50,000 in lifetime benefits for the retiree during retirement and for each covered dependent. These retirees had a one-time opportunity to purchase an additional coverage of \$50,000. The first \$3,500 of benefits each calendar year are not applied toward this maximum.
<u>MAIL ORDER PRESCRIPTION DRUGS</u>	100% of charges in excess of \$8 for each prescription.

Appendix B

BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS (Continued)

II. For Management Retirees who retire on or after 4/1/86

A. GENERAL

- | | |
|--------------------------------|---|
| - Deductible | \$150 per individual, \$300 per family |
| - Coinsurance | 80% of Reasonable and Customary (R&C) allowance for most services after deductible |
| - Annual Out-of-Pocket Maximum | <ul style="list-style-type: none"> - \$650 per individual, \$1,300 per Family (includes deductible) - \$2,000 per individual for outpatient mental health care |
| - Lifetime Maximum | <ul style="list-style-type: none"> - \$1 million excluding first \$4,000 of benefits each year - \$20,000 for outpatient mental health care |
| - Annual Safety Net | <ul style="list-style-type: none"> - \$1,000 maximum out-of-pocket limit per individual for charges above R&C - \$2,000 maximum per family |
| - Cost Containment Programs | <ul style="list-style-type: none"> - Second Surgical Opinion - Pre-Admission Testing - Pre-Admission Review - Ambulatory Surgery - Mail Service Prescription - Individual Case Management |

Appendix B

BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS (Continued)

Type of ExpenseThe Plan Pays**B. HOSPITAL CARE**Inpatient Services:

Semiprivate room, board, and services including critical care, intensive care and cardiac care units, and necessary supplies, tests and other care

80% for up to 365 days per year, subject to deductible and annual maximum out-of-pocket expense with Pre-Admission Review (30 days* for mental & nervous confinements).

If Pre-Admission Review is not used:

0% if hospitalization was not medically necessary.

50% of allowable room and board charges after deductible if hospitalization was medically necessary.**

Private room

80% if medically necessary. If not, only the charge for a semi-private room is covered. If there are only private rooms, 80% of private room rate until semi-private room becomes available.

Outpatient Services:

Pre-admission Testing (Diagnostic X-rays and lab tests performed on an outpatient basis prior to inpatient admission)

80% if tests are done unnecessarily on inpatient basis or not associated with a hospital admission. Reimbursement for extra days in hospital is not covered.

100% of the R&C allowance with no deductible and if associated with a hospital admission.

* Reviewed for necessity of continued confinement after 30 days.

** Retiree payment does not apply to out-of-pocket maximum.

Appendix B

BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS (Continued)

<u>Type of Expense</u>	<u>The Plan Pays</u>
Ambulatory Surgical Facility Care	100% of the allowable facility charge for facility approved by administrator.
C. <u>SURGICAL CARE</u>	<ul style="list-style-type: none"> - 80% of R&C allowance subject to deductible and out-of-pocket maximum for: <ul style="list-style-type: none"> · Surgeries that are part of the Ambulatory Surgery Program but require inpatient surgery. · Surgeries that are not part of Second Surgical Opinion or Ambulatory Surgery Programs · Specified Surgeries when second opinion is not obtained or does not confirm first opinion. - 100% of R&C allowance for 5 selected procedures with no deductible when Second Surgical Opinion or Ambulatory Surgery Programs are used on the 5 required procedures. - 50% of the R&C allowance for selected procedures when Second Surgical Opinion or Ambulatory Surgery Programs are not used on the 5 required procedures.
D. <u>SPECIAL SERVICES</u>	
<u>Mental Health Care</u>	
Inpatient treatment	80% of the R&C charges subject to the plan deductible and subject to a maximum of 30 days. Continuing coverage is then subject to review.

Appendix B

**BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS (Continued)**

<u>Type of Expense</u>	<u>The Plan Pays</u>
Outpatient treatment	50% of the R&C charges, subject to deductible, annual maximum of \$2,000 and lifetime maximum of \$20,000.
<u>Substance Abuse Care</u>	
Inpatient treatment	80% of the R&C charges subject to deductible and subject to the lifetime maximum of 60 days of coverage.
Outpatient treatment	100% of the R&C charges with no deductible and subject to the lifetime maximum of 120 days of coverage.
Combined inpatient and outpatient treatment	A combination of inpatient and outpatient days equivalent to 60 inpatient days where outpatient visits count as 1/2 of an inpatient day.
<u>Skilled Nursing Facility (SNF) Care</u>	
Primary covered services: Room and Board, general nursing, special treatment rooms, doctor's visit, drugs and medical supplies	100% of the allowable charges with no deductible for medically required confinement in approved SNF. Admission must be within 14 days of hospital confinement of at least 3 days duration.
<u>Home Health Care</u>	
Primary covered services: nursing, various therapists, ambulance, drugs, hemodialysis, medical equipment	100% of the allowable charges with no deductible for needed specific services that would otherwise require hospitalization. Services must be provided by qualified Home Health Agency.

Appendix B

**BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS (Continued)**

<u>Type of Expense</u>	<u>The Plan Pays</u>
<u>Hospice Care</u>	
Inpatient or home hospice program which is licenced or certified.	100% of allowable charges with no deductible, subject to the following lifetime maximums:
a. Qualified Team Members: Doctor, Nurse, Home Health Aide, Homemaker, Social Worker, Respiratory Therapist	<ul style="list-style-type: none"> • 180 days with no more than 60 days inpatient hospice care • 45 reserve days if survival beyond 6 months and acute care facility confinement would otherwise be required.
b. Covered Services: Medical equipment and supplies, semi-private room and board, inpatient general nursing, family and bereavement counseling	
<u>Mail Order Prescription Program</u>	100% of charges in excess of \$8 for each prescription.

E. COST SHARING

- ▶ Retiree and Dependent Cost Sharing Begins in 1994
- ▶ Retiree Cost Sharing Formula
 - Previous year cost sharing plus 25% of change during the year in average claim per retiree.
- ▶ First Dependent Cost Sharing Formula
 - Dependent cost sharing is phased in over a 20 year period. Initial dependent cost sharing is 2.5% and increases in increments of 2.5% i.e. 2.5% in 1994, 5% in 1995, 7.5% in 1996,...50% in 2013 and later years.

Appendix B

**BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE MEDICAL PLAN PROVISIONS (Continued)**

- ▶ 2nd and Later Dependent Cost Sharing Formula
 - Dependent cost sharing is phased in over a 20 year period. Initial dependent cost sharing is 5%, and increases in increments of 5% i.e. 5% in 1994, 10% in 1995, 15% in 1996....100% in 2013 and later years.
 - Cost sharing is the same regardless of the number of dependents after the first dependent.
- ▶ There is no Distinction Between Dependent Spouse and Dependent Child
- ▶ There is no Distinction Between Medicare and Non-Medicare Eligible Dependents
- ▶ Retiree cost sharing depends on whether retiree is or is not eligible for Medicare

III. All Retirees and Their Eligible Dependents Who Become Eligible for Medicare:

Benefits provided under the Plan are reduced by benefits available under Medicare.

IV. Coordination of Benefits

The Plan has a Maintenance of Benefits provision which is designed to prevent duplicate benefit payments when covered persons are also eligible for medical benefits under another employer plan.

V. Health Maintenance Organizations

Each year a retiree will be given an opportunity to retain coverage under the Bell Atlantic Retiree Medical Plan or to enroll in a Company-sponsored Health Maintenance Organization (HMO), if available in his/her locality. The company will contribute toward the HMO up to the same amount it would pay toward coverage under the Plan; any additional costs for the HMO is paid by the retiree.

VI. Continuation of Coverage

Upon death of a retired employee, Plan coverage for dependents continues at Company expense with appropriate cost-sharing requirements for six months. This coverage may be continued by the spouse at cost. Continuation of coverage is also available as required under federal law (COBRA).

Appendix C

BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF RETIREE DENTAL PLAN PROVISIONS

<u>Type of Expense</u>	<u>The Plan Pays</u>
<u>Type A Services</u>	
Routine oral examinations	100% of the usual and prevailing charges
Emergency examinations if medically necessary	
Prophylaxis (cleaning and scaling of teeth)	
Fluoride treatments	
Space maintainers (for dependent children under age 19 only)	
X-rays (dental X-rays, radiographs)	
<u>Type B Services</u>	
Restorations	Scheduled Amounts Only after a one time deductible of \$50 for each covered retiree and eligible dependent
Oral surgery excluding procedures covered by the Medical Plan	
Endodontics	
Periodontics	
Prosthodontics	
Orthodontics	
General anesthesia	
<u>Annual Maximum</u>	\$1,000 per person per calendar year
<u>Lifetime Orthodontia Maximum</u>	\$1,500 per person in addition to annual maximum
<u>Dental Maintenance Organization (DMO)</u>	
	100% coverage for many services, 60% for certain major services (root canals, inlay/onlay, dentures and anesthesia) and 50% for orthodontics
	There are no deductibles, annual or life-time maximums

Appendix D

**BELL ATLANTIC CORPORATION
MANAGEMENT
SUMMARY OF MEDICARE PART B REIMBURSEMENT PROVISIONS**

- ▶ Reimbursement of Medicare Part B Premiums
- ▶ Reimbursement is Frozen at the 1991 Part B Amount
- ▶ Eligible Participants:
 - Current and Future Medicare Eligible Management Retirees
 - Current and Future Medicare Eligible Class 1 Dependents of Management Retirees

TABLE 1

Bell Atlantic Corporation

Annual Rates of Employee Separation From Service
Before Eligibility To Service Retirement

Male Employees

Management

Service in years t	Rates of separation during year t + .5 to t + 1.5 for employees entering service at specimen ages							
	15	20	25	30	35	40	45	50
0	.104	.105	.105	.102	.096	.091	.088	.088
1	.073	.072	.070	.066	.062	.059	.058	.058
2	.045	.045	.044	.042	.040	.037	.034	.035
3	.019	.026	.032	.032	.025	.025	.030	.030
4	.017	.019	.027	.025	.018	.020	.021	.025
5	.013	.016	.024	.021	.016	.016	.018	.021
6	.012	.014	.021	.018	.016	.015	.015	.018
7	.011	.013	.018	.016	.016	.012	.013	.022
8	.009	.011	.016	.015	.016	.012	.012	.026
9	.009	.010	.013	.014	.013	.010	.013	.029
10	.008	.008	.012	.013	.012	.009	.016	.033
11	.008	.008	.010	.011	.010	.008	.018	.037
12	.008	.008	.009	.009	.008	.009	.022	.043
13	.007	.007	.008	.008	.008	.011	.026	.049
14	.007	.007	.008	.006	.008	.010		
15	.006	.006	.006	.005	.006	.007		
16	.005	.005	.006	.005	.006	.008		
17	.005	.005	.004	.004	.006	.009		
18	.004	.004	.004	.004	.007	.009		
19	.004	.004	.004	.005				
20	.004	.004	.004	.005				
21	.004	.004	.005	.006				
22	.004	.003	.004	.006				
23	.004	.003	.004	.007				
24	.004	.003						
25	.004	.004						
26	.004	.004						
27	.004	.004						
28	.004	.004						

Note: Based on separations due to death, disability and withdrawal combined.

TABLE 2

Bell Atlantic Corporation

Annual Rates of Employee Separation From Service
Before Eligibility to Service Retirement

Female Employees

Management

Service in years t	Rates of separation during year $t + .5$ to $t + 1.5$ for employees entering service at specimen ages							
	15	20	25	30	35	40	45	50
0	.095	.095	.094	.092	.088	.084	.079	.079
1	.083	.082	.077	.072	.068	.064	.063	.065
2	.070	.069	.065	.057	.047	.039	.032	.031
3	.058	.058	.056	.046	.029	.025	.026	.031
4	.050	.051	.052	.038	.020	.018	.020	.030
5	.042	.044	.047	.032	.017	.013	.015	.029
6	.040	.040	.042	.027	.015	.012	.013	.028
7	.040	.038	.031	.024	.015	.012	.012	.021
8	.039	.034	.024	.017	.015	.012	.012	.024
9	.036	.030	.021	.014	.013	.012	.012	.029
10	.034	.027	.018	.013	.013	.013	.013	.029
11	.030	.023	.016	.010	.012	.013	.014	.028
12	.026	.020	.016	.010	.010	.014	.015	.028
13	.023	.019	.015	.010	.009	.015	.015	.028
14	.019	.017	.013	.008	.006	.011		
15	.016	.015	.011	.006	.005	.007		
16	.012	.011	.010	.005	.005	.007		
17	.010	.009	.007	.004	.005	.006		
18	.008	.008	.006	.004	.005	.005		
19	.006	.006	.006	.004				
20	.006	.006	.005	.005				
21	.006	.006	.005	.005				
22	.006	.004	.003	.005				
23	.006	.004	.003	.005				
24	.005	.004						
25	.005	.003						
26	.004	.003						
27	.003	.003						
28	.003	.003						

Note: Based on separations due to death, disability and withdrawal combined.